

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002684

FILED
Mar 20, 2009
Secretary of State

Entity Name: DELAND CITIZENS POLICE ACADEMY ALUMNI, INC

Current Principal Place of Business:

219 HOWRY AVE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

219 HOWRY AVE
DELAND, FL 32720

New Mailing Address:

FEI Number: 26-2290706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, GERALD
2140 ANCHOR AVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOYLE, GERALD
Address: 2140 ANCHOR AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: BLAKESLEE, MARY T
Address: 4675 S TOMOKA DR
City-St-Zip: DELEON SPRINGS, FL 32130

Title: D () Delete
Name: BURNS, BERNHARD
Address: 922 LAKE LINDLEY DR SOUTH
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: PROVENZANO, CARMELLA
Address: 511 CUMBERLAND ROAD
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STANLEY, RICHARD
Address: 31024 LORINE STREET
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CONN, GEN
Address: 500 RIDGE BIVD.
City-St-Zip: DELAND, FL 32724

Title: D () Change (X) Addition
Name: MENTZER, WALT
Address: 420 E NEW HAMPSHIRE
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD DOYLE

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date